JAN. 11. 2007 1:07PM

RBL ASSOCIATES INC

NO. 171 P. 1

INC. VILLAGE OF OCEAN BEACH

RBL ASSOCIATES, INC.

Insurance Services
205 Lexington Avenue, New York, NY 10016 * (212) 532-0400 * fax (212) 532-0838
e-mail: tfischetti@pbla.com

FACSIMILE TRANSMITTAL

of Pages:

7

Date:

1/11/2007

To:

Mary Anne Minerva

Inc. Village of Ocean Beach

From:

Tony Fischetti

Re:

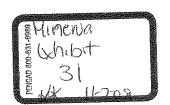
Claims

MaryAnne,

The attached are copies of loss notices we originally sent to insurance carriers for claims involving the police department.

I hope this helps.

Regards,



Case 2:07-cv-01	08PM RBL ASSOCIATI	ment 145-52 Filed	01/15/10 Page	2 of 4 PageID #: 39
PRODUCER PHONE (212)	ERAL LIABILITY N	OTICE OF OCCUP	RENCE/OLAIN CURRENCE AND VIME X AM	09/21/2005
) 532-0838	NOTICE OF CLAIM 193/27/2 FFECTIVE DATE EXPIRATION DATE 7/05/2005 07/05/2006	005 03:30 PM POLICY TYPE	YES NO RETROACTIVE DATE
11th Floor New York, NY 10010	CC	St. Paul Fire & Mar	ine In	CLAIMS MADE : COUS INFO (Site & location code)
AGENCY CUSTOMER ID: 00000589	SUB CODE: PO	LICY NUMBER GP09312724	REFERENCE :	NUMBER
NAME AND ADDRESS Inc. Village of Ocean	8each	NAME AND ADDRESS Mary Anne Minerva	ONTACY INSURED	. WHERE TO CONYACT
P O Box 457 Ocean Beach, NY 11770	-0457	•		
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No.	
OCCURRENCE LOCATION OF OCEAN BEACH	(631)583-5940 Police Dept., Baywalk,	Ocean Reach NV 11770	, (631)583-55 , (631)583-55	UTHORITY CONTACTED
(Include city & state) DESCRIPTION OF Claimant Sta	ites that he was ticket			
OCCURRENCE the police a	ussaulted him.			
as and coulon dates)	OFFICIAL POLICE PROF.			
GENERAL AGGREGATE : PRODUCOM 2,000,000 UMBRELLA : EXCESS : UMBRELLA : EX		EACH OCCURRENCE FIRE DAY 1,000,000		5,000 ₈₄
TYPEOFEABILITY	CESS CARRIER:		TYPE OF PREMISES	PER CLAM CCCUR
JWNER'S NAME & ADDRÉSS (If notinsured)			Owners Phone (A/G, No. Ex!):	13
MANUFACTURER'S	UFACTURER VENDOR OT	THER:	TYPE OF PRODUCT	
NAME & ADDRESS (If not insured) WHERE CAN PRODUCT BE SEEN?		· umana uz wasanne educatio sa -	MANUFACT PHONE (AVC, No. EXI):	
OTHER LIABILITY IN CLUDING COMPLETED OPERATIONS (Explain)				
NJOREDAROPERTY DAMAGE NAMES Samuel Gillberd ADDRESS [Injured/Owner)			РН	ONE (A/G, No, Ext)
AGE SEX OCCUPATION	EMPLOYER'S NAME & ADDRESS		PH	ONE (A/C, No, Ext)
FATALITY DESCRIBE TUPTUTED DIAGO	TOTOMO I INTEGRATE MICHAEL		PRIOD DENUMBER TAKE	MUEN CAN PROPERTY OF SERVI
PROPERTY (Type, model, ct.) inj., head in	er, interna (eshmate amoun etc	WHERE CAN PROPERTY BE SEEN?		WHEN CAN PROPERTY BE SEEN?
10 Co. 10	NAME & ADDRESS	91	Jeines's Phone (AJC, No, EXD	RESIDENCE PHONE (A/C, No)
REMARKS See attached notice of	claim.			
geporred by Insured	REPORTED TO	ung	SIGNATURE OF PRODUCER O	•
ACORO 3-S M2/93)	NGTETIMPORTANTS	TÄTE BIFORMATION ON BEVI		CORDIGUEPOKATION 1993

Case 2:07-cv-01215-SJF-ETB Document 145-52 Filed 01/15/10 Page 3 of 4 PageID #: 3905 JAN. 11. 2007 1:08PM RBL ASSOCIATES INC ACURD® GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM 07/18/2006 PHONE (212) 532-0400 (A)C, No. EXII. (212) 532-0400 DATE OF OCCURRENCE AND TIMES DATE OF CLAIM OCCURRENCE 04/02/2006 FAX (212)532-0838 PM NOTICE OF CLAIM RBL Associates, Inc. EXPIRATION DATE EFFECTIVE DATE POLICY TYPE RETROACTIVE DATE 07/05/2005 07X05/2006 205 Lexington Avenue OCCURRENCE CLAIMS MADE 18th Floor COMPANY MISCELLANEOUS INFO (Site & location code) St. Paul Fire & Marine In New York, NY 10016 :23 pages REFERENCE NUMBER POLICY NUMBER SUB CODE: AGENCY CUSTOMER ID: 00000589 INSURED GP09312724 CONTACT CONTACT INSURED NAME AND ADDRESS NAME AND ADDRESS WHERE TO CONTACT Inc. Village of Ocean Beach Mary Anne Minerva P 0 Box 457 Ocean Beach, NY 11770-0457 WHEN TO CONTACT RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C. No. Ext) BUSINESS PHONE (A/C. No. Ext) RESIDENCE PHONE (A/C. No) (631) 583-5940 OCCURRENCE LOCATION OF P O BOX 457, Ocean Beach, NY 11770-0457 AUTHORITY CONTACTED OBSCRIPTION OF Various claimant's alleging the following: unlawful termination, unlawful conduct (covering up OCCURRENCE assaults by other officers), violation of law, defamatory statements, etc. CICCURRENCE (Include dity & state) POLICY INFORMATION coverage part or Employment practices Imil/2millagg 25,000 ded. Forms (insert form #s and edition dates) GENERAL AGGREGATE PRODUCIMP OF AGG PERS & ADVINJ EACH OCCURRENCE 5,000 PD FIRE DAMAGE MEDICAL EXPENSE DEDUCTIBLE Pub .Off &PoliceProi 1,000,000 UMBRELLA X UMBRELLA EXCESS CARRIER: St. Paul Travelers 10,000 ret.) LIMITS: 3,000.000 PER CLAIM ! TYPE OF LIABILITY TYPE OF PREMISES PREMISES: INSURED IS OWNER TENANT OTHER: OWNER'S NAME & ADDRESS (If not insured) ÖWNERS PHONE (A/C. No. Ext): TYPE OF PRODUCT PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER: MANUFACTURER'S NAME & ADDRESS (If not Insured) MANUFACT PHONE (A/C, No. EXI) WHERE CAN PRODUCT BE SEEN? OTHER LIABILITY IN-CLUDING COMPLETED OPERATIONS (EXPLIN) mudred/property Damaged TPROPERTY DAMAGED Joseph Norfi Edward Carten, Thomas Snyder, Kevin Bamm & Frank Phortillo PHONE (A/C, No, Ext) NAMER ADDRESS (Injurpd/Owner) SEX OCCUPATION employer's name & address HONE (A/G. No. Ext) AGE DESCRIBE INJURY FATALITY ESTIMATE AMOUNT WHERE CAN PROPERTY BE SEEN? WHEN CAN PROPERTY BE SEEN? DESCRIBE PROPERTY (Type, model, out) BUSINESS PHONE (A/C, No, EXI) REMARKS Please see attached Notices of claim and handle asap. SIGNATURE OF PRODUCER OR INSURED

racey T Young

REPORTED BY

RBL Comm'l Accts.

Case 2:07-cv-01215	S-SJF-ETB Docum	ent 145-52 Filed (01/15/10 Pag	je 4 of 4 PageID #: 39
ACURU® CENE	RAL LIABILITY N	OTICE OF OCCUP	rence/cla	IVI 11/16/2006
PRODUCER (AC, No. EXC) (212)53	2-0400	NUTICE OF OCC	URRENCE AND JIME	M DATE OF CLAIM PREVIOUSLY REPORTED
FAX (212)53		NOTICE OF CLAIM (ر. در در د	M YES NO
RBL Associates, Inc. 205 Lexington Avenue	07	O5/2006 07/05/2007	POLICYTY	***
18th Floor	CON	PANY		CLAIMS MADE LANEOUS INFO (SIX: & location code)
New York, NY 10016	100	"St, Paul Fire & Mari		EXACTOR HALL CORE & INCREDIT CORE!
CODE: SUB	CODE: POLI	CY NUMBER	· REFERE	NCE NUMBER
AGENCY CUSTOMER ID: 00000589		CP09312724		
INSURED NAME AND ADDRESS		CONTACTS CO	INTACT INSURED	WHERE TO CONTACT
Inc. Village of Ocean Be	ach	Mary Anne Minerva		WHERE TO CONSIGO
Ocean Beach, NY 11770-04	.57	w white was a second of the se		
				WHEN TO CONTACT
				į
	SINESS PHONE (A/C, No, Ext) (631) 583-5940	RESIDENCE PHONE (A/C, No)	Business Phone (NO.	Na, Ext)
JCCURRENCE	cean Beach, NY 11770-	0457		AUTHORITY CONTACTED
Include city & state) DESCRIPTION OF Claimant alleg	es the following: f	abrication of crimina	charges, false	arres and malicous
OCCURRENCE prosecution. Use reverse side, finecessary)	<u>. </u>			
POLICY INFORMATION				
OVERAGE PART OR ORMS (løsen form				
s and edition dates) SENERAL AGGREGATE PRODICOMP OF	AGG PERS & ADVINJ : E	EACH OCCURRENCE FIRE DAM	Lander Hongas Book	Manager of the second of the s
2,000,000	, mountaine	1,000,000	AGE MEDICAL EXI	PENSE DEDUCTIBLE PD
MERELLA UMBRELLA EXCES	S . CARRIER:	**************************************	LIMITS	PER PER CLAIM OCCUR
YPE OF LIABILITY				
REMISES: INSURED IS OWNER	TENANT OTHER		TYPE OF PREMISES	
WNER'S NAME ADDRESS			j	
not insured)			OWNERS PHONE (A/C, No. Ext):	
RODUCTS: INSURED IS MANUFAC	TURER VENDOR OTH	ER:	TYPE OF PRODUCT	
ANUFACTURER'S	Karrina na mara andra da ang Santana na Santana (Sa	A 10 percentage date to 15 - 15 - 15 percentage		
AME'S ADDRESS not insured)				
	management Comment of the testing to	. 12 PP)4 12/20124 - CASTINESTON PARAMETER AND SPECIAL	MANUFACT PHONE (A/C, No, EXIII	, ,,
HERE CAN PRODUCT BE SEEM?				
HER LIABBLITOCHT. UDING COMPLETED PERATIONS (Explain))			
SUREDIPROPERTY HAMAGEO				
MESS Harriet Benzer		The state of the s		PHONE (A/C, No, Ext)
juict(Owner) iE SEX OCCUPATION	EMPLOYER'S	registifitions and the men plantingstream, in the	***************************************	PHONE (A/C, No, EXI)
1	NAME & ADDRESS			7715112 [770] 710] 23.1)
SCRIBE INJURY	** - ************ * * * * * * * * * * *	WHERE TAKEN Y	HAT WAS INJURED DOING?	
FATALITY		· · · · · · · · · · · · · · · · · · ·		
SCRIBE OPERTY	ESTIMATE AMOUNT	WHERE CAN PROPERTY		When can property be seen?
pa, model, etc)	1	eé seen?		
TNESSES	NAME & ADDRESS		DINECE PUONS (1/2 1/2	DESIDENCE PURCHA A R
, the first term of the fill of the state of	NAME & ADDRESS		SINESS PHONE (A/C, No. Ex) : RESIDENCE PHONE (A/C, No)
MARKS e attached notice of cla	ifm			
PORTED BY	REPORTED TO	* > - * * + + + + + + + + + + + + + + + + +	Elestative de apartici	TO AD INCHIDED
PORTED BY 15U red	Tracey T You	ng	SIGNATURE OF PRODUC	i